

**DECLARATION FOR PATENT APPLICATION
SOLE OR JOINT**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention titled:

AZEOTROPE-LIKE COMPOSITIONS OF 1,2-DICHLORO-3,3,3-TRIFLUOROPROPENE AND HYDROGEN FLUORIDE

the specification of which is attached hereto.

I HEREBY STATE THAT I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS.

I ACKNOWLEDGE THE DUTY TO DISCLOSE INFORMATION THAT IS MATERIAL TO THE PATENTABILITY OF THIS APPLICATION IN ACCORDANCE WITH TITLE 37, CODE OF FEDERAL REGULATIONS, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

			Priority Claimed
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States applications listed below and, INsofar AS THE SUBJECT MATTER OF EACH OF THE CLAIMS OF THIS APPLICATION IS NOT DISCLOSED IN THE PRIOR UNITED STATES APPLICATION IN THE MANNER PROVIDED BY THE FIRST PARAGRAPH OF TITLE 35, UNITED STATES CODE, §112, I ACKNOWLEDGE THE DUTY TO DISCLOSE MATERIAL INFORMATION AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS, §1.56(a) WHICH OCCURRED BETWEEN THE FILING DATE OF THE PRIOR APPLICATION AND THE NATIONAL OR PCT INTERNATIONAL FILING DATE OF THIS APPLICATION:

**

(Application Serial Number)	(Filing Date)	(STATUS: Patented, Pending, Abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected herewith (List name and registration number).

(LIST SENIOR PATENT COUNSEL AND ATTORNEY HANDLING CASE WITH PATENT OFFICE REGISTRATION NUMBERS.)

Marie L. Collazo	Colleen D. Szuch	
Name	Name	Name
44,085	32,126	Registration Number

SEND CORRESPONDENCE TO:

Marie L. Collazo

AlliedSignal Inc.

P.O. Box 2245

101 Columbia Road, Morristown, New Jersey 07962

DIRECT TELEPHONE CALLS TO:

Marie L. Collazo 973-455-2038

DECLARATION FOR PATENT APPLICATION—SOLE OR JOINT (Continued)

Attorney's Docket No.: 30-4824 (4515) – Page 2

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SOLE OR FIRST INVENTOR Hang Thanh Pham

INVENTOR'S SIGNATURE _____ Date _____

RESIDENCE Erie CountyCITIZENSHIP USAPOST OFFICE ADDRESS 96 Sundridge Drive, Apt. 1Amherst, New York 14228FULL NAME OF SECOND JOINT INVENTOR Rajiv Ratna Singh

INVENTOR'S SIGNATURE _____ Date _____

RESIDENCE Erie CountyCITIZENSHIP IndiaPOST OFFICE ADDRESS 18 Foxfire DriveGetzville, New York 14068FULL NAME OF THIRD JOINT INVENTOR Hsueh Sung Tung

INVENTOR'S SIGNATURE _____ Date _____

RESIDENCE Erie CountyCITIZENSHIP USAPOST OFFICE ADDRESS 16 Vassar DriveGetzville, New York 14068

FULL NAME OF FOURTH JOINT INVENTOR _____

INVENTOR'S SIGNATURE _____ Date _____

RESIDENCE _____

CITIZENSHIP _____

POST OFFICE ADDRESS _____